

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 554442

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		3				
5		3				
6	1					
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		2				
16		2				
17		2				
18		1				
19		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	32	←		←		←
TOTAL CLAIMS	36					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						